

Washington State Medicaid, hospitals, doctors developing plan to reduce inappropriate use of Emergency Departments

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OLYMPIA – The Health Care Authority is working with the Washington State Hospital Association and physicians on a legislative mandate to reduce non-emergency use of hospital Emergency Departments as well as over-utilization of emergency services beginning July 1.

The new plan - included in the Supplemental Budget passed April 11 by the Legislature - replaces earlier state proposals that would have limited the annual number of non-emergency visits by a client to the Emergency Department and to stop reimbursing hospitals and physicians for treatments and services that are not medically necessary in the setting of an Emergency Department.

Instead, the new plan follows a collaborative effort this spring with the American College of Emergency Physicians, the Washington State Medical Society and the hospital association to agree on ways to better manage Emergency Department services and prevent over-utilization.

The plan depends on hospitals and doctors to help identify systems and procedures that will reduce use of Emergency Departments by referring non-emergency patients to more efficient and effective levels of care and to educate all clients about appropriate use of Emergency Departments.

Included will be commitments by hospitals across the state to implement those changes, including electronic health information exchanges that would allow Emergency Department physicians and community primary care physicians to quickly share information on high Emergency Department utilizers, especially patients with drug- or painkiller-seeking behaviors.

Key features of the new plan, which will be implemented beginning July 1 once hospitals formally commit to it:

- Distribute information to clients on the appropriate use of Emergency Department services
- Work together to establish systems for referrals of non-emergencies to primary care providers within a 72-hour window
- Establish protocol for feedback reports so the state and individual hospitals can track Emergency Department use and services received.
- Implement guidelines developed by Emergency Department doctors around the state to identify narcotic-seeking behaviors and to share decision-making information about narcotics prescribing.
- Continued collaboration between state, doctors and hospitals to troubleshoot issues and concerns that surface after July 1.

- As in all the plans, clients will continue to be advised to call 9-1-1 or go to an Emergency Department if they believe they are experiencing a medical emergency.

"Good communication between hospitals, doctors, patients and Medicaid is needed to make this new plan succeed," said Jeff Thompson, M.D., Chief Medical Officer of the Health Care Authority, which includes the Medicaid program. "We have many of these tools available, but we need to make sure Emergency Department doctors have the support they need to apply them consistently across the state."

"Emergency physicians support the new plan, which will use better care coordination to reduce trips to the Emergency Department," said Dr. Nathan Schlicher, Associate Medical Director at St. Joseph Medical Center in Tacoma and a spokesman for the state chapter of American College of Emergency Physicians. "We are excited to be working with the state and moving in this new and positive direction."

"Hospitals want to be part of a system that delivers health care in the most appropriate and cost effective setting. Emergency Departments should be used for emergency care," said Scott Bond, President and Chief Executive Officer of the Washington State Hospital Association. "We look forward to working with the Health Care Authority and our physician partners to achieve these goals."

The legislative budget proviso endorsing the new Emergency Department policy calls for \$31 million in savings (includes both state and federal matching funds) as a result of the changes.

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